

PRACTICAL OBSERVATIONS

ON

HYSTERIA,

ESPECIALLY RELATING TO ITS ORGANIC
CHARACTER;

BY

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TO
JOSEPH HODGSON, ESQ., F.R.S.,
 &c. &c. &c.,
AS A TESTIMONY,
(HOWEVER INADEQUATE,)
OF ESTEEM AND RESPECT FOR ONE,
WHOSE HIGH STANDING IN HIS PROFESSION
IS BASED
ON A DEEP KNOWLEDGE,
AND AN HONOURABLE PURSUIT OF IT,
THESE PAGES
ARE, (WITH MUCH SUBMISSION), DEDICATED,
BY
HIS OBEDIENT SERVANT AND OBLIGED FRIEND,
J. PRICHARD.

*Hamilton Crescent, Leamington,
May 30, 1838.*

P R E F A C E.

The Subject of the following Remarks has long occupied much of my attention ; and my residence in a Watering Place, which, from various circumstances, may be considered the “natural habitat” of the class of Diseases to which it refers, has afforded me sufficient material for reflection thereon. How far the result of that reflection may be considered to be borne out by the experience and opinions of others, engaged in a like pursuit, I know not ; yet, at the same time, I venture to think, that the conclusions to which I have been led will bear to be submitted to the only test which can give them value,—that of truth.

J. P.

PRACTICAL OBSERVATIONS,

§c.

The various forms of Hysteria have of late attracted much, though not an undue, attention. Sir B. Brodie, Dr. Bright, Dr. Marshall Hall and others, have contributed the result of their valuable experience on the subject, and every journal abounds with cases sufficiently marking the character of the disease. Yet, after all, a somewhat vague idea prevails of its nature, its origin, and its treatment. It becomes important then to enquire, how far the nature and origin of the affection is so undefinable, and its treatment consequently so unsatisfactory.

Much has been done in the present day to enable us to detect the existence of Hysteria in all the Proteus-like shapes which it assumes; and much assuredly remains to be done, before we can apply our diagnosis to our patient's or our own satisfaction. Indeed, if we go back to the time of Sydenham, we shall find him speaking of the complicated and various symptoms of what he terms the "Hysteric passion," making

up, according to his calculation, one moiety of chronic disorders. He enumerates—epilepsy, vomiting, palpitation, dry cough, external painful swellings, (not being œdematous), besides the simulation of apoplexy, the iliac passion, &c. He however denies the existence of uterine irritation as a cause, and evades the question by attributing all to “an irregular flow of animal spirits.”

It is not now however my object, so much to advert to the different modifications of this disease, as to propose a question, which much attention to the subject has long placed forcibly before my mind, namely, whether its proximate cause does not often go beyond that mere irritative character to which it is generally referred; in fact, whether Hysteria is not much oftener an organic affection than we are disposed to consider it.

Whatever may be the form under which Hysteria presents itself, I am convinced that, in each and every case, it is to be regarded as emanating from uterine disturbance; this disturbance may be slight, and with difficulty detected, especially if we rely on the information which a cursory examination elicits from our patient. If the menstrual period returns with any thing like regularity, we are assured that all is right in that respect; but if we push our enquiries to the quantity of the discharge, its character, (whether

pale or dark, foetid or not, coagulated or otherwise,) the pain which accompanies it, especially on its accession, and the state of the uterus in the intervals, (whether affected by leucorrhœa, or by an occasional sanguineous discharge,) we shall probably arrive at evidence of functional disturbance, if not of structural mischief.

I take it to be granted, that disturbed function in one organ, is capable of inducing, by sympathetic irritation, diseased action in another. Vascular congestion of the membranes of the brain, ending in serous effusion, and excited by the simple irritation of teething—the erythema nodosum of young females, whose constitution is struggling for an important change,—the carbuncle, which, however remote from its exciting cause, indicates a diseased state of liver,—these, are but a few of many familiar instances of this law of nature. But with tissues of a like character, this sympathy is especially active:—thus, between the uterus and the stomach, we have daily occasion to witness its effects. In amenorrhœa, it is not uncommon to find the vessels of the latter organ substituting a discharge for that which has been suppressed from the former: in scirrhus of the uterus, how painful is the sympathetic irritation of the stomach! “Qu’une membrane muqueuse soit irritée, enflammée; non seulement survient la fièvre, qui, ici, n’est que

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l'ensemble des souffrances sympathiques de tous les organes ; mais, il y a tendance à ce que l'irradiation sympathique fasse développer, en plusieurs organes éloignés, une irritation, une inflammation, analogue à celle que présente la membrane qui est le point de départ de la sympathie.”*

That the nervous system is the agent by which this sympathy is communicated, is now generally acknowledged ; and, in the production of Hysteria, I am induced to regard its agency as effected in one of two ways—the operation of one or the other being determined by the state of the source of irritation, and producing a class of symptoms “*sui generis*” in either case. I look upon the hysteric paroxysm, hysteric catalepsy, aphonia, dysphagia, &c., as originating in an excited state of an organ, the powers of which, intimately connected with the mind, are developed, and not exercised ; and as communicated to the cerebrum, producing its immediate effect there, or thence transmitted to other parts of the nervous system, and especially to the par vagum and its important connections. These affections occur for the most part to young females ; but there is another period of life when the connection between the cerebral and the uterine system gives rise to a train of vague and anomalous symptoms,

* Adelon—Dictionnaire de Médecine.

no less alarming to the patient, than easy of relief by properly directed treatment; the periodical discharge, having perhaps duly returned for a space of thirty years, (excepting on occasions when the whole vascular energy of the uterus has, if I may so speak, been otherwise engaged,) abruptly ceases; the constitution, long accustomed to its influence, does not readily accommodate itself to the change, and the cerebral system soon partakes in the consequent disturbance. These affections then, whether the first, or the last named, I would place under the head of *Cerebral Hysteria*, in contra-distinction to those painful local affections, constituting another form of the disease, which I would call *Neuralgic Hysteria*; in these last cases the irritation seems to be communicated directly by that sympathy which one part is known to have with another, and, if I mistake not, will generally be found to arise from either diseased action, or disturbed function in the uterus. I am the more inclined to assume this distinction of the communicating media, from a consideration of the fact, that all the symptoms of the hysterical paroxysm may occasionally be witnessed in the male subject under the influence of cerebral excitement. I am willing however to admit, that these different states may, and do readily, lapse, the one into the other; or in other words, that the excited uterus is prone to assume

diseased action, and that generally of an inflammatory character.

Thus then I would divide Hysteria into two kinds, each arising from uterine irritation; but this irritation essentially differing in character in either kind, and the effect produced illustrating the character of the cause producing it.

With what I have ventured to name Cerebral Hysteria this enquiry has little to do; inasmuch as, originating in excitement merely, its effects generally end there; it is the Neuralgic form of the disease which more particularly bears upon the question under consideration. Before I proceed further, it will be well to refer to a modification of hysteria, by no means uncommon, and which does not seem to come precisely under either of these heads, inasmuch as the irritation is communicated (probably through the medium of the cerebrum,) to some portion of the spinal cord, inducing loss of muscular power, with perhaps excessive sensibility, in the parts which derive their nervous influence from the portion of the cord affected. I would ask whether the effect produced in these cases upon the medulla spinalis is simply irritative, or whether there does not exist an inflammatory action in the *theca* of the implicated nerves at their origin? Dr. Bright has given some very marked and instructive cases of this affection; and under this head my experience

would lead me to place the cases of "spinal irritation" of Dr. Burns, as well as those of "anomalous affections of the spinal cord," related by Dr. Abererombie. I will quote one case in point:

Hysteric Paralysis of lower extremities, especially the left.

H. Miles, aged 26, of a highly susceptible habit, had, when I first saw her, been long confined to her bed for loss of muscular power in both lower limbs, but especially the left, she suffered also from pain in the abdominal region on slight pressure, dysuria, dysmenorrhœa, (with irregularity,) leucorrhœa, and shifting pains, accompanied with a 'noli me tangere' sort of susceptibility. The spine, at the last dorsal and first lumbar vertebræ, was acutely painful to the touch, and, as has been remarked in all these cases, more so under slight than under firm and continued pressure.—A steady and long pursued plan of treatment for the restoration of her general health, more especially as regarded the uterine function, together with local depletion and counter irritation, ultimately removed all trace of the disease; although she was for a long time unable to walk without the aid of crutches, dragging the left leg after her in the attempt, and inclining the body forward. I remember showing this case to an

eminent surgeon in the neighbourhood, who remarked that he should look for the development of lumbar abscess ; I merely mention this circumstance to shew the condition of the patient at that time.

I will now advert to Neuralgic Hysteria, properly so called. Cases of extreme local irritability, with perhaps slight, or no other appearance of diseased action, and occurring in females, the disturbance of whose constitution denotes the Hysteric diathesis, are familiar to every practitioner. The part affected may be one of the larger joints, the stomach, or larger bowels, the pleura, or peritonœum, or it may be the mammary gland : in either case, before the irritation has thus fixed itself, it has probably existed in the shape of shifting pains in different parts ; the pain, however, once fixed, may remain for a considerable time without any other symptom of diseased action supervening ; but, let the state of the general health, and more especially of the uterine system, be disregarded, and we shall find that, sooner or later, the neuralgic may assume the inflammatory stage and its consequences. If it be here asked, of what importance can be our knowledge of the exciting cause, when the effect produced discovers itself in a simply inflammatory form ; I would answer that whilst it would lead us to impress on our patient's mind the probabi-

lity of an ultimate, though a protracted, cure ; it would tend also greatly to expedite that cure by a right direction of our remedies. I will now state two cases which occur to me as illustrative of these remarks.

Inflammatory Disease of Knee Joint, complicated with, and arising from Uterine Irritation.

Mrs. Colcs, aged 39, of a highly nervous habit, and having given birth to her youngest child three years before the attack of which I am about to speak, was seized about three years ago with acute pain and tenderness in the abdomen, which she calls inflammation ; but which, without the aid of any depleting measures, suddenly left her after about 36 hours' suffering, *and was, at the moment of its removal, succeeded by a violent stinging pain in the left knee joint* ; this pain was rapidly followed by swelling, the result of serous effusion, and had resisted all remedies applied for its relief—as local bleeding, blisters, issues, &c., up to the date of my first seeing her, six months after the commencement of the attack. At this time I found her labouring under much constitutional disturbance ;—the knee swollen and extraordinarily tender to the touch, (far beyond the tenderness which would result from common synovial effusion,) and her every symptom pointing

out the hysteric character of the affection : occasionally some other part would take up the diseased action, and then the knee joint would be for a time relieved. Long before the first occurrence of the attack, she had suffered from irregular and very painful menstruation ; and at the time when she consulted me, there was stinging pain, with a bearing-down sensation, about the uterus, sufficiently confirmative of the source of mischief. Her residence at a distance, where she was engaged in attendance upon her large and poor family, was very unsatisfactory to me, and I admitted her into the Leamington Hospital. Here she was going on remarkably well, when, being obliged again to occupy herself in domestic engagements, I saw but little of her for some time. She has lately, however, returned to the Hospital in precisely the same state as before—her knee acutely painful,—her health disordered, and the uterine discharge irregular and painful in the greatest degree. The disordered action of the uterus, *accompanied by a marked hysteric diathesis*, would in this case elucidate the peculiar character of the affection ; but in this and in other similar cases, we may be assisted in our diagnosis by the comparative inefficiency of local remedies, as contrasted with the relief obtained from them in cases of simple inflammatory action.

Simple Neuralgia of Knee Joint, mistaken for Malignant Disease.

This case was communicated to me, on the best authority, many years ago, and was that of a young girl who had suffered long and severely from acute pain in the knee joint. Under the impression, on the part of the surgeon, that so distressing, and so constant a pain, was caused by malignant disease within the joint, she was induced to submit to the removal of the limb ; when, on subsequent examination, it was found that no organic affection had existed. In both these cases, pain is the prominent symptom, but in the former, inflammatory action is almost immediately the result ; whilst, in the latter, it is evident that nothing beyond neuralgic irritation existed.

If this be granted with regard to the synovial membrane of joints, I believe we may apply the same observations to the mucous membrane of the stomach and larger bowels : and here I am about to speak of a class of cases, which would be especially interesting, if it were only from the obscurity with which they are at present surrounded ; I mean those cases of perforation of the coats of the stomach, occurring during lifetime, *not being produced by the action of poisonous irritants, and having no character in common with scirrhus.* “ Dans ces differens cas (ramollissement, gangrene,

&c.), la cause de la perforation est manifeste, sa production est facile à expliquer ; mais il n'en est plus de même lorsque tout à coup, au milieu d'un très bon état de santé, apparaissent les symptômes d'une peritonite suraigüe, dont, après la mort, on trouve la cause dans une perforation de l'estomac.* "

If it be thought that I am here pressing into the service of my theory, cases, which, however interesting in themselves, have no connection therewith, I can only say that much reflection has led me to a different, though it may be a mistaken, conclusion.—One instance of this fatal affection came lately under my own observation, and may be found reported in the Medical Gazette. The subject of it was a fine handsome girl of 17 ; she had been on a previous occasion under my care for dysmenorrhœa, and subsequently, for gastric irritation, which I treated as hysteric ; and which was so entirely relieved, that, from that time to the moment of her sudden and fatal attack, she had no occasion to apply for medical aid, being considered by every one around her in good health. Here, I think, was, in the first instance, a neuralgic state of the stomach, induced by uterine disorder, progressing into inflammatory action, and ultimately terminating in ulceration. Nor would it be without interest to know, how

* Andral Fils.

far the period at which the inflammatory action assumed the ulcerative process, was indicated by cessation from pain. The frequency of gastralgic affections in females co-existent with, and arising from, disordered uterine function, I presume no medical practitioner is prepared to deny. In the cases under consideration, I am inclined to regard this irritative action as lapsing into inflammation and its consequences. Dr. Addison, in his Essay on Diseases of Females connected with Uterine Irritation, observes :—" Pain under the mamma, or under the margin of the ribs on the left side, is, out of all proportion, of the most frequent occurrence, and will often last for weeks, or even months together, with but little intermission ; with respect to the precise source of this pain, I confess myself at a loss to speak with confidence or certainty, but am, on the whole, inclined to ascribe it to *the cardiac orifice of the stomach* ; at least in one case, in which it had prevailed for a considerable period, and in a very aggravated degree, I was led to this conclusion. The young woman, to whose case I allude, died suddenly in a fit, and I examined the colon, spleen, heart and stomach, with the minutest attention ; when the only indication of irritation I could detect, was a ring of very delicate vessels, or rather a blush of redness, surrounding the *cardiac orifice of the stomach*, such as might be supposed to be the

result of any continued irritation or spasmodic action." It is fair to give the remaining context: "Whatever may be its precise seat, it is repeatedly, but erroneously, supposed to be purely of an inflammatory character, and consequently is mistaken for, and treated as, pleuritis, splenitis, &c."

With deference to the learned author of these remarks, I submit that it is difficult to reconcile the "*blush of redness*" which he describes, (and which was probably apparent some hours after the death of the patient) with other than inflammatory action. It is true, that during life we may observe the vessels of the conjunctiva, and of the whole countenance, occasionally turgid and suffused, under the influence of mental emotion, but this effect is transient; whilst, in the case before us, we have not only vascular redness, but we have also the history of accompanying pain, which two symptoms (redness and pain) combined, if they do not constitute inflammation, at least denote a condition, which I take leave to consider as very inadequately defined by the word irritation. Some such feeling may I think have passed through Dr. Addison's mind, when he attached the qualifying epithet of "purely" to his opinion.

The intestines generally, and especially the colon, whether in its ascending, descending, or transverse portion, are frequently the

seat of this sympathetic irritation ; producing a set of symptoms, acute sensibility to the touch being the most prominent, which may, by an inexperienced person, be readily mistaken for those of Hepatitis or peritonitis. That the effect produced in these cases is in the first instance simply neuralgic, I freely grant ; but that vascular congestion, and a state of chronic inflammation may follow, appears to me no less a reasonable inference, than a practical fact. Neither do I think that the work of Dr. Addison, which I have already quoted, is wanting in further evidence against the soundness of his own opinions to the contrary.

Speaking of the "*irritable uterus*," described by the late Dr. Gooch,* as an exciting cause of neuralgia, he allows that depleting measures are occasionally called for with respect to the state of

* I would observe, that it is somewhat remarkable that, whilst Dr. Gooch distinctly separates such cases from inflammatory affections, he chiefly relies on local depletion, mercurial alteratives, and abstinence from exercise, as curative means.—Now I look upon simple irritation, as a state which may not be inaptly defined, one of excited debility ; and such a state would certainly be aggravated by treatment, which tends still further to destroy, (if I may be allowed the observation,) the healthy balance between the nervous and vascular system. It may be urged that granting inflammatory action to exist as the "*fons et origo mali*," it does not follow that the distant effect should partake also of the same character ; but there is a law of disease, under the influence of which, we may look for a morbid process, "*Analogue à celle que présente la membrane, qui est le point de départ de la sympathie.*"

that organ in this affection ; and further on, with regard to Hysteric Neuralgia, he remarks :—" In allusion to its non-inflammatory character, I do not contend for the impropriety of bleeding, or cupping, or blistering in every instance ; on the contrary, in plethoric subjects, one or two general or local bleedings may be of service, but merely, I believe, as such practice may be expected to give relief in an ordinary colic, or any other similar affection." With this last observation I fully concur ; for, in ordinary colic, (especially of some hours duration,) I consider depletion as necessary to prevent that vascular congestion, and consequent accession of inflammatory disorder, which continued irritation, from whatever cause, may be expected to induce ;—Again, on the subject of abdominal pain, connected with excessive menstruation, we are told, that in such cases " a plethoric condition very usually prevails ; so that a moderate bleeding will commonly form a good mode of commencing our practice." —" Nothing so certainly or so greatly aggravates cases of menorrhagia, even when without abdominal neuralgia, as the ill-founded and ill-judged practice of giving tonics and stimulants, on the wrong supposition that such excessive discharge is the result of weakness ;" and afterwards, speaking of abdominal neuralgia without flooding, he observes ; " The case is much more simple, and

must be treated on common principles ; i.e., *general bleeding*, according to the degree of excitement of the heart and arteries ; perhaps *leeches to the belly*, hot fomentations, &c."

But Dr. Addison does not stand alone in his opinion that hysteric irritation never goes on to inflammatory action. His able colleague, Dr. Bright, equally insists on this point ; and it is with great deference to such authority that I venture to entertain a different opinion. It is true, that in by far the majority of cases, a state of irritation simply exists ; but, I contend, that it is, a priori, just as easy to imagine this irritative condition tending to diseased action in the part which it affects, as it is, to attribute to its influence that state of local congestion, which Dr. Bright himself admits to be present in such cases. Simple irritation we may suppose to be confined to a morbid action, excited sympathetically in the nerves of a part ; but congestion, however induced, must assuredly depend on a change in its vascular condition, and it appears to me somewhat inconsistent to deny the tendency of vascular congestion thus excited, to take up a still further morbid action, that of inflammation. M. Andral regards the gelatinose softening, as well as ulceration of the mucous membrane, as necessarily the effect of an inflammatory process, and speaks of a progressive change of colour under its operation "from redness to

greyness, and sometimes blackness," but he does not consider that redness is essential to characterise inflammatory action; and he contends, that the serous membranes will be so inflamed as to form pus, and yet preserve their pale colour; "they will not redden, but soften."

That many of the recorded cases of perforating ulcer of the stomach have happened to males, is undeniable; but such cases, unconnected with scirrhus, or with much constitutional disturbance, are comparatively rare; neither do I consider that their occurrence affects the view which I have here taken of such affections in female subjects; it would be just as unreasonable to argue, that the vomiting of pregnant women is not connected with uterine sympathy, because we have occasion to observe vomiting in the other sex, from other causes. Chronic gastritis will lead to the same result in both sexes, but, I contend that it is of more frequent occurrence in females, and from the causes which I have named.

I have made an indiscriminate synopsis of these remarkable cases from works immediately accessible to me, and I think it will be granted that I am therein borne out in the following conclusions:—

1st. That perforating, simple, ulcer of the stomach occurs much more frequently in females

than in males, and generally happens to persons between the age of 15 and 30.

2d. That the cases which occur to young females, bear a striking similarity in their history and symptoms, and that they do not materially affect the health, up to the moment of the death blow, which the completion of the perforating process may well be called.

3rd. That the seat of the ulcer is, almost in every such case, found to be in the *cardiac portion* of the stomach.

4th. That in the recorded instances of perforating ulcer in males, we have a history of much more disturbance in the general health, and that they have been nearly all accompanied with much emaciation.

5th. That in a remarkable proportion of these cases, the ulcer has been situated in the *pyloric portion* of the stomach, and that in many it has exhibited a scirrhus character.

SYNOPSIS OF CASES OF PERFORATING ULCER OF THE STOMACH IN FEMALES.

CASE 1.—Occurring in my own practice, and before alluded to, aged 17, previous gastralgia, *connected with uterine irritation*,—cessation of pain.—Sudden death from enteritis.—Post mortem examination—a simple conical ulcer in *cardiac* portion of stomach.—Body *in a state of embonpoint*.

CASE 2.—Aged 18, slight occasional pain in epigastrium,—pursuing her occupations in otherwise good health, *and considered well previous to the fatal attack*.—Death in 29 hours.—Post mortem examination—On the upper part of the small curvature of the stomach, *near the cardia*, a conical ulcer, perforating its coats.—*Abercrombie on Stomach, &c.*

CASE 3.—Aged 15, occasional slight pain, *not sufficient to demand medical attention*—seized with acute suffering and vomiting.—Death in 24 hours.—Post mortem examination.—Perforating ulcer, with callous edges, in the *anterior* part of the stomach.—*Idem.*

CASE 4.—A lady, attacked for five days with pain after eating.—Death on fifth day, after a violent seizure of 24 hours' duration.—No post mortem examination.—*Idem.*

CASE 5.—Aged 18; had for some months complained of occasional pain in left side, not lasting long, *or affecting general health*—seized suddenly with most acute pain.—Death in 15 hours.—Post mortem examination—A circular aperture in *cardiac end* of stomach, adhering to liver.—*Ed. M. and S. Journal.*

With reference to this case, which is copied from the Medical Repository, the Editor remarks : —“The Editor of the M. R. calls this a well marked case of cancerous ulceration of the stomach : we venture to differ with him ; to us, it exhibits no character of cancer, but seems an example of that class of ulcer described by Baillie, and distinguished from scirrhus of this organ.”

CASE 6.—Aged 22; in apparently good health, excepting pallor of countenance;—had *commenced to menstruate at 18, and continued to do so regularly for one year, when, suddenly, menstruation ceased*—her health not affected for some months : the digestive functions then impaired—pain in in præcordia, and eructations with general vomiting. Not so ill as to prevent

her usual occupations, or to show any sign of emaciation ; and enjoying for long intervals, an entire freedom from disorder. *It was presumed that the dyspepsia proceeded from amenorrhœa—*pressure did not increase the pain : her health so good as to enable her to carry milk and vegetables a mile distance daily—the menses did not re-appear, and, when in apparently tolerable health, suddenly seized with fatal symptoms.—Post mortem examination.—At the *anterior cardiac portion* of stomach, a conical perforating ulcer.—*London Med. and Phil. Journal ; Vol. v.*

CASE 7.—A young woman, having suffered from dyspeptic symptoms for a year and a half, *but not so as to deprive her of a look of perfect health*, suddenly attacked as in the former cases, and surviving but a few hours.—Post mortem examination.—Perforating ulcer in *cardiac portion* of stomach.—*Lancet, Dec. 1836.*

CASE 8.—Aged 22 ; unmarried and in *embon point*, but pale and *chlorotic*—had experienced slight dyspeptic symptoms with pain in epigastrium—*placed under a system of tonic remedies, which gave no relief*—suddenly seized with enteritis, ending fatally in a few hours. Post mortem examination.—A circular perforation in the *cardiac portion* of stomach.—*Med. Gaz. Jan. 1838.*

CASE 9.—Aged 15;—had suffered from *slight* abdominal pain—suddenly attacked with enteritis, and dying in half an hour. Post mortem examination.—Stomach inflamed in spots, and at the *cardiac* end, a circular perforation with smooth and regular edges.—*London Med. and Phis. Journal; Vol. v.*

CASE 10.—A woman subject to epigastric pain, died suddenly.—Post mortem examination; the same circular aperture in stomach.—*Idem.*

CASE 11.—In the same vol. we find the history of a woman dying under like circumstances, in whose case, Chaussier, by his judicious opinion, saved the husband from a committal for murder.

CASE 12.—Aged 29; *slight pain* occasionally in the epigastrium—sudden attack of enteritis—death in 12 hours. Post mortem examination.—Circular perforating ulcer *at union of cardiac and pyloric portions* of stomach.—*Med. Ch. Trans. Vol. viii.*

CASE 13.—Aged 22, of *full habit* and brilliant complexion—occasional gastralgia—suddenly affected as though by active poison,—death in 24 hours. Post mortem examination.—Oval,

conical opening in stomach, *midway between its orifices*, with somewhat thickened edge, and the mucous membrane, in other respects, softer than natural. *The plumpness of the patient's appearance was such as to forbid all suspicion of chronic disease of stomach.*—*Med. Chir. Journal, Vol. ix.*

CASE 14.—An unmarried lady, aged 40; tall, thin, and of melancholic temperament; suddenly seized with acute pain in epigastrium; had some relief from remedies, and survived four days. Post mortem examination—In *anterior cardiac part* of stomach, a circular aperture, with smooth edge, and darkened margin.—*Dr. Elliotson, Med. Chir. Trans.*

CASE 15.—A young lady, suddenly seized with acute pain, which ended fatally, and, in the post mortem examination, was found to have been caused by a perforating ulcer in stomach.—*Medical Communications, Vol. ii.*

CASE 16.—A married female, *extremely corpulent*, had occasional dyspeptic pains; *whilst following her usual employment*, suddenly seized with violent pain in umbilical region.—Death in 30 hours. Post mortem examination; a circular perforation near lesser arch of stomach.—*Med. Chi. Journal.*

CASES 17 and 18.—Precisely similar in their character, and described by Mr. Miller at the Westminster Medical Society.—*Lancet*, Vol. 2, No. 4.

PERFORATING ULCER IN MALES.

CASE 1.—Aged 50; occasional abdominal pains. . sudden death. Post mortem examination; on the right anterior surface of stomach a *callous* ulcer; *gangrenous spots in intestines*. It was ascertained that he had been injured by a blow, some years before, in the epigastrium.—*London Med. and Phis. Journal*, Vol. v.

CASE 2.—A man attacked with pain and throbbing in epigastrium; *much suffering from fever, pain and vomiting*; occasionally throwing up blood with liver-like substance, and fragments of villous coat of stomach. Death after a severe attack of pain. Post mortem examination—a perforating ulcer in small curvature, *with callous cartilaginous edges*.—*Idem*.

CASE 3.—A man had suffered long from stomach pains; had intervals of ease, *but frequently*

vomited, and after much tedious suffering, died in an emaciated state. Post mortem examination; scirrhus pylorus, and two callous ulcers perforating stomach.—Idem.

CASE 4.—Aged 28; with but little previous suffering; suddenly attacked with enteritis. Death in a few hours. Post mortem examination; a conical perforation in smaller curvature of stomach.—*Idem.*

CASE 5.—Sudden attack of acute pain in epigastrium, after exposure to cold; going on for years, with occasional relief; enteritis, and death in a few hours. Post mortem examination; a circular aperture close to pylorus.—*Idem.*

CASE 6.—Aged 60; intense pyrosis; vomiting; emaciation; partial recovery, relapse; seized, as in former cases, fatally. Post mortem examination; a perforating ulcer of pylorus.—*Abercrombie.*

CASE 7.—Aged 23; very dyspeptic, with biliary disorder; costiveness; emaciation, and sleeplessness; seized in like manner. Death in 50 hours. Post mortem examination; perforation near pylorus, with a white ligamentous margin.—*Ed. Med. and Surg. J., Vol. 26.*

CASE 8.—Aged 39; *strumous habit*; general health good; seized in like manner; death in 13 hours. Post mortem examination; an *irregular* ulcer of duodenum *involving two-thirds of Pylorus in its extent*.—*Med. Ch. Trans., Vol. 8, Part 1.*

CASE 9.—Aged 26; a hard spirit-drinker, *highly dyspeptic*, seized as above; death in 12 hours. Post mortem examination; perforation *near pylorus, with ragged edges, and surrounded by yellow pus*.—*Med. and Ph. Journal, Vol. 6.*

Speaking of softening and extenuation, more or less extensive, of the mucous membrane, M. Louis observes, that, in the wards of St. John and St. Joseph, 33 cases were examined during three months; that 21 occurred in females, 12 in males. He further remarks that “little doubt can be entertained that it is the result of an inflammatory process;” and he alludes to the various shades of colour in the part affected, “from a rose-pink to a greyish tint.”

Dr. Ebermair, speaking of perforating simple ulcer of the stomach, says, “that the cases prove some common morbid cause, which could produce so striking an uniformity in the appearances seen on dissection,—that in every case the disease was extremely slow,—in no instance was the na-

ture of the malady suspected, and death seems to have occurred in the midst of apparent health. Cachexy never followed the affection, and, if vomiting occurred, the patient's strength did not seem to suffer thereby;—no hectic was present, and death may be said to have intruded upon perfect health."

It may not be amiss to revert to the leading facts which I have deduced from the cases quoted above. And, *first*, as respects the cases in Females, we may observe,

The great proportion which they bear to those occurring in Males.

The age of the patients, from 15 to 30.

The co-existing uterine disturbance, having been so marked in several as to demand notice, although evidently with no view to its action as an exciting cause.

The uniformity of the symptoms, and the slight effect which they seem to have exercised on the general health.

The seat of the ulcer, having been constantly found in the *cardiac* portion of the stomach.

Secondly, as regards those in Males.

The constitutional disorder, pain, vomiting and emaciation, which has been found generally to accompany perforating ulcer of the stomach in these cases.

The ulceration, affecting almost invaria-

bly the *pyloric* end of the organ, and often exhibiting, (as may have been anticipated from the symptoms during life) a scirrhus character.

To these facts I would add the following considerations :—

The acknowledged active sympathy of the uterus with the stomach.

The frequent occurrence of gastralgia, connected with uterine irritation, and the unsatisfactory and often injurious effect of a tonie plan of treatment in many of these affections.

The distribution of the branches of the par vagum (a nerve peculiarly sympathizing with the uterine system) to the *cardiac* end and *lesser arch* of the stomach, whilst the pyloric portion of that organ receives its chief nervous influence from the semi-lunar ganglion of the sympathetic.

From these facts, and these considerations, I think we arrive at evidence, which, if not allowed to be conclusive, may, I hope, be thought sufficiently strong to justify the inference which I have drawn from them ; namely—that the *cardiac* portion of the stomach in females appears to be prone to an ulcerative affection, equally distinct in its character from the softening of the mucous membrane in patches which chiefly happens to children, as from ulceration of, or near the pylorus, which is usually connected with specific constitutional disease,—that from the uni-

formity of the symptoms, and of the seat of ulceration, we are led to infer the action of some common "morbific cause" in these cases; and further—that in the gastric irritation so commonly induced by uterine disorder, we may recognise both an adequate and a probable cause.

Lastly, there is a class of cases, generally, if not always, referrible to want of tone in the uterine system, which it is most important to distinguish from diseases of a more formidable character, the symptoms of which they may be said to simulate. I allude to those neuralgic pains in the side (chiefly in the left side), accompanied with dry, hard cough, difficulty of breathing, great lassitude of mind and body, palpitations, flatulence, night sweats, pale flaccid tongue, and uncertain appetite, for which we are often called to prescribe. In such cases a correct diagnosis is most essential, as the treatment to be pursued in the case under consideration, is diametrically opposed to that which would be applicable for the disease simulated, and by perseverance in a right system of remedies we may look for the satisfactory result of dissipating all fears of a Phthisical disorder from the mind of our patient. It is by no means uncommon to hear of cases of reported consumptive disease in young females, cured by some specific plan, and that generally of a tonic character. We

are told of the existence of all the symptoms which I have enumerated; but if we enquire further, we shall find that the cough was of a peculiar, hard, barking, character, was not more troublesome in a morning than at other times, and that it was absent during the night,—that the pulse was not unnaturally quickened, (unless under the occasional influence of palpitation)—that there was no accession of Hectic in an evening,—that the expectoration, if any, was by no means purulent,—and that the respiration, altho' occasionally hurried, was often free, and always capable of a full inspiration.

Having ascertained thus much, let us look to the state of the uterus, and we shall find in all probability irregularity, (if not amenorrhœa) dysmenorrhœa, lencorrhœa, or other disturbance in that organ. It is likely also, that the presence of the Hysteric diathesis will further indicate the nature of the case. I do not hesitate to consider this as the most important modification of Hysteria, in a practical point of view, and it is of such frequent occurrence, that, having drawn a general outline of its features, I do not think it necessary to put down any particular cases, believing that such will occur to the mind of every practitioner.

I think I have said enough (and I believe I have said no more than will be borne out by the experience of others,) to prove of what conse-

quence it is, to determine what share Hysteria may have in producing the symptoms for which we are called to prescribe ; and if it is essential in a diagnostic and therapeutic point of view, it is little less so as regards our prognosis. In the atonic state connected with Hysteria, and simulating Phthisis—in the semi-neuralgic affections, inducing partial or complete paralysis of the extremities,—in the hysteric spasms simulating epilepsy,—in the painful state of nervous irritation, whether affecting a mucous or a serous surface—in all these, and in many more of a like kind, it is truly important to trace the affections to their exciting cause, and to treat them accordingly.

This leads me to speak of the treatment of Hysteria, which I shall dismiss briefly. As regards the Cerebral Hysteria of young females, if we have recourse to an unstimulating diet,—to regular exercise, both of mind and body,—to the use of active aperients, combined with the antispasmodic remedies of former days,—I believe we shall have exhausted our stock of applicable means ; a change to that state in which the maternal duties are assumed, may be regarded as certain to remove the evil.

With respect to those anomalous cerebral symptoms which are apt to accompany the cessation of the period, I have only to say, (and I say it with the greatest confidence) that in such

cases, the exhibition of tonics (more especially the quinine, and the metallic tonics in general), is calculated to produce the worst effects ; to the cerebral excitement already existing, they super-add the stimulus which they unquestionably exercise on the nervous system, and thus greatly aggravate the sufferings of the patient ; nor are there wanting cases, in which this excitement, thus produced, has gone on to the production of mania, which has been quickly removed by a recourse to proper treatment. This treatment will be found to consist of active purgation and the occasional application of leeches ; it is in these cases that the combination of the foetid gums with active purgatives, is of especial use.

I proceed to the treatment of Neuralgic Hysteria ;—I have attempted to shew that it may present itself in a stage purely Neuralgic or Irritative, or in a more advanced form, which may be defined *Organic*. In either stage, we may look for uterine disorder, (probably of an inflammatory character,) as its cause, if the effect be only irritative, it will be likely to yield to the application of remedies to the exciting cause ; if, on the contrary, it is accompanied with inflammatory action, we must also administer that relief which will be found to ensue from local depletion and counter irritants ; in either case, we must carefully investigate the state of the uterus, and if we find evidence of in-

inflammatory action there, our measures must be directed accordingly ; the frequent application of leeches to any convenient neighbouring part, (especially at the termination of a scanty and painful period)—local and general warm bathing,—the observance of a recumbent posture,—the rather free exhibition of mercurial alteratives, with mild aperients, an unstimulating diet, and sedative applications locally, will be found among the most useful remedies ; on the other hand, should we detect a want of power in this organ, our remedies must consist of mild tonics, a generous diet, and other means likely to invigorate the system. As a tonic, in such cases, I can speak, from long experience, of the good effect to be derived from the *Mistura ferri aromatica* of the Dublin Pharmacopœia. It has appeared to me to be nearly free from the stimulating effects to which I have alluded ; I have usually given it in combination with the *Dec: Aloe : Comp :* and a *Pill of Gum: Galbanum and Myrrh*, twice a day.

In the treatment of Hysteric gastralgia, it is essential to know whether we have to deal with mere neuralgic irritation, or inflammatory action ; and this observation applies equally to the exciting cause and the effect produced. In this diagnosis, the peculiar habit of the patient, whether plethoric, or atonic ; the character of the countenance, whether flushed or pallid ; the appearance

of the tongue, and the state of the uterine function, will be chiefly considered ; or it may be that our suspicion of the inflammatory nature of the disease shall be first awakened by finding the ill effects of tonic remedies, and the contrary relief from local depletion and counter irritation. Mr. Langston Parker, in his work on the Stomach, places little or no reliance on the appearance of the tongue, as indicative of the state of that organ ; he mentions its pale, flaccid look in some cases, where, after death, inflammation of the mucous membrane was detected. He, however, subsequently observes “ one condition of the tongue may be alluded to, which is almost invariably an index of *gastric inflammation*,—it is when this organ, not materially changed in other circumstances, presents, at the point and edges, a number of vividly red points, resembling grains of vermillion, scattered over the tongue, and appearing to be the papillæ enlarged, and supplied with an increased quantity of blood ; I believe this condition is seldom found unaccompanied by vascular irritation of the stomach.”

There is certainly a state of the tongue, characteristic of uterine disorder, in which it appears pale, flabby, and smooth, or it has, as it were, a soaped appearance down its centre, leaving a margin on either side and the tip, smooth and glazed. But I am inclined to think that where gastric

initiation is connected with inflammatory mischief, the tongue will generally be found either as described by Mr. Parker, or with a glazed, moist, pinky surface.

I would here suggest, that, supposing the view which I have taken of Hysteric Gastralgia to be worthy of consideration, it will behove us to adopt a rigid plan of simple diet, and to persevere in local depletion and counter irritation from the moment that we find the symptoms are not relieved by the usual remedies.

In concluding this paper, I would observe that could we but arrive at a more definite classification of the varying effects of Hysteria, applicable treatment would follow of course; and if these remarks should elicit from the experience of others any information which may conduce to this end, my object in submitting them to the medical profession will be in a great measure accomplished.